## MULTIPLE DEPENDENT CLAIM FEE CALCULATION SHEET (FOR USE WITH FORM PTO-875)

SERIA	L NO.	
10	1522.	715
ADDLI	CANTOO	<u></u>

FILING DATE

**AFTER** 2 MAMENDMENT

DEP.

IND.

APPLICANT(S)

## **CLAIMS**

		·					CLAIN	<u> 15 </u>				
	AS FILED		AFTER 1"AMENDMENT		AFTER 2 MAMENDMENT				AS F	ILED	AFTER 1"AMENDMENT	
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TOTAL DEP		<b>←</b>	14	<b>(-</b>		<del>-</del>	•	TOTAL DEP		<b>←</b>		<u>+</u>
TOTAL CLAIMS			15					TOTAL CLAIMS				
PTO - 1360 (	(REV. 11/94)										MENT of CO	
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